

Requester's Full Name: Dr. G. S. Singh Examiner #: 650-70 Date: 10/2/05
 Art Unit: 1651 Phone Number 301: 4933 Serial Number: 09/162005
 Mail Box and Bldg./Room Location: 7818 Results Format Preferred (circle): PAER DISK E-MAIL

Title of Invention: _____

Inventors (please provide full names): _____

Earliest Priority Filing Date: _____

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